## APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

### DO NOT Complete This Application Before Reading the Instructions on Page 2

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that **are not** valid to establish identity.

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Fee: \$	14 per copy (payable to	the Office o	f Vital R	Records).									
Please	indicate the type of certified	copy you are	e reques	sting:									
						I would like a Certified Informational Copy. This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."  (A Sworn Statement does not need to be provided.)							
	Both documents are cert ents contain the exact san			original document o	n file	with our off	fice. With	the exception of th	e legend, the				
To rece	eive a <b>Certified Copy</b> I am:												
	The registrant (person listed on the certificate) or a parent or legal guardian of the registrant.												
	A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.												
	A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)												
	A child, grandparent, grand	child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.											
An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or a court to act on behalf of the registrant or the registrant's estate. (If you are requesting a Certified Copy under a power please include a copy of the power of attorney with this application form.)													
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AFFLI	CANT INFORMATION (F	PLEASE PRII	NT OR T	ГҮРЕ)	Tod	day's Date:							
	Name (if appropriate)			TYPE) ase No. (if appropriate)	<u> </u>	day's Date: urpose of Re	equest						
Agency		Ag			) P	-	•	Amount Enclose	d				
Agency Printed	Name (if appropriate)	Ag			) Pi	urpose of Re	pies	Amount Enclosed					
Agency Printed	Name (if appropriate)  Name and Signature of Ap	Ag	ency Ca		) Pi	urpose of Reumber of Co	pies on Receiv		t from Applicant				
Agency Printed Mailing City	Name (if appropriate)  Name and Signature of Ap	Agophicant State / Prov	ency Ca	ase No. (if appropriate	N M	urpose of Reumber of Co	pies on Receiv	ing Copies, if Differer	t from Applicant				
Agency Printed Mailing City Daytime	Name (if appropriate)  Name and Signature of Ap  Address – Number, Street	State / Prov	rince	ZIP Code  Country	N M	urpose of Reumber of Co	pies on Receiv ss for Cop	ing Copies, if Differenties, if Different from A	Applicant ZIP Code				
Agency Printed Mailing City Daytime (	Name (if appropriate)  Name and Signature of Ap  Address – Number, Street  e Telephone (include area co	State / Prov	rince	ZIP Code  Country	N M C	urpose of Reumber of Co ame of Perso lailing Addres	pies on Receiv ss for Cop	ing Copies, if Differer pies, if Different from A	Applicant  ZIP Code				
Agency Printed Mailing City  Daytime ( ) BIRTH	Name (if appropriate)  Name and Signature of Ap  Address – Number, Street  Telephone (include area co	State / Prov	rince	ZIP Code  Country  RINT OR TYPE)	N M C	urpose of Reumber of Co ame of Perso lailing Addres	pies on Receiv ss for Cop	State  State  OF CORREST OF CORRE	Applicant  ZIP Code				
Agency Printed Mailing City  Daytime ( BIRTH BIRTH	Name (if appropriate)  Name and Signature of Appropriate  Address – Number, Street  Telephone (include area control  CERTIFICATE INFORM  Name on Certificate (LAST)	State / Provode)	rince	ZIP Code  Country  RINT OR TYPE)  FIRST Name on C	N M C	urpose of Reumber of Co ame of Perso lailing Addres	pies on Receiv ss for Cop No Ye County of	State  State  OF CORREST OF CORRE	Applicant  ZIP Code				
Agency Printed Mailing City  Daytime (  BIRTH BIRTH City of I	Name (if appropriate)  Name and Signature of Appropriate  Address – Number, Street  Telephone (include area control  CERTIFICATE INFORM  Name on Certificate (LAST)  Birth (must be in California)	State / Provode)  IATION (PL	rince	ZIP Code  Country  RINT OR TYPE)  FIRST Name on C	N N M C	urpose of Reumber of Co ame of Perso lailing Addres ity  ted:	pies on Receiv ss for Cop  No Ye  County of	State  State  If Yes, see #4 on  IIDDLE Name on Cell  of Birth	Applicant Applicant ZIP Code Page 2) tificate				

BIRTH Page 1 of 3 **INFORMATION**: Birth records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

The "Birth" name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or Naturalization. AKA's (Also Known As) and assumed names cannot be entered as the legal "Birth" name.

#### **INSTRUCTIONS:**

- 1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Birth Record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
  - **Confidential Information on Birth Record:** Some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the Birth Certificate section of our website: <a href="www.cdph.ca.gov">www.cdph.ca.gov</a> (then select "Services"). Only specific individuals may obtain confidential copies.
- 2. Complete a separate application for each birth record requested.
- 3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Certificate Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
- 4. **If the registrant has been adopted**, make the request in the **adopted** name. (If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

#### 5. **SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record, and identify their relationship to the registrant the relationship must be one of those identified on Page 1.
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement**.
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.
- 6. Submit \$14 for **each** copy requested. If no birth record is found, the \$14 fee will be retained for searching the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the **Office of Vital Records**. Mail this application with the fee(s) to the Office of Vital Records at the address below.
- 7. Returning Completed Certificates: Completed certificates are returned using the U.S. Postal Service.

Office of Vital Records - MS 5103 P.O. Box 997410 Sacramento, CA 95899-7410 (916) 445-2684

# **SWORN STATEMENT**

I,(Applicant's Printed Name)	, declare ι	under penalty o	f perjury under the laws of	of the State of California,			
that I am an authorized person, as defined in Ca	alifornia Health and	d Safety Code	Section 103526 (c), and a	am eligible to receive a			
certified copy of the birth or death record of the	following individua	l(s):					
		Applicant's Relationship to Person Listed on Certificate					
Name of Person Listed on Certif	icate	(Must Be	a Relationship Listed on P	age 1 of Application)			
(The remaining information must be completed in the	presence of a Notary	/ Public or Office	of Vital Records staff.)				
Subscribed to this day of _	,	20, at					
(Day)	(Month)		(City)	(State)			
			(Applicant's Signature)				
(Law enforcement and local and state	CATE OF AC		·	tary requirement.)			
State of California )							
County of)							
before me,		, persona	ally appeared				
		·					
o proved to me on the basis of satisfactory evidence	•						
knowledged to me that he/she/they executed the sa				•			
instrument the person(s), or the entity upon behal	•	. ,		certify under PENALTY C			
RJURY under the laws of the State of California th	at the foregoing pa	•					
		WITNESS my (SEAL)	hand and official seal.				
SIGNATURE							